



CLINICAL MEDICAL POLICY	
Policy Name:	Electrocardiographic Services (NCD 20.15)
Policy Number:	MP-053-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	03/01/2023; 04/01/2022; 03/19/2021; 03/16/2020; 05/06/2019; 06/01/2018
Effective Date:	04/01/2023; 05/01/2022; 04/19/2021; 04/13/2020; 05/06/2019; 06/01/2018
Next Annual Review:	02/2024
Revision Date:	02/15/2023; 02/16/2022; 02/17/2021; 02/19/2020; 02/20/2019
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
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Policy History

Date	Activity
04/01/2023	Provider Effective date
02/15/2023	QI/UM Committee review
02/15/2023	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' sections.
05/01/2022	Provider Effective date
02/16/2022	QI/UM Committee review
02/16/2022	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and Reference Source section.
04/19/2021	Provider Effective Date
02/17/2021	QI/UM Committee Review
02/17/2021	Annual Review: No clinical criteria changes. Changed to new Medicare format. Updated hyperlinks. Removed all coding according to related NCD. Updated Reference section.
04/13/2020	Provider effective date
02/19/2020	QI/UM Committee Review
02/19/2020	Annual Review: No criteria changes; deleted hyperlinks; In Attachment B, Table 1- deleted diagnosis codes A02.1, A18.84, I48.1, I48.2; Added-G45.0-G45.8, I20.9, I21.3, I21.9, I21.A1, I21.A9, I22.9, I24.9, I24.10, I25.119, I25.739, I25.769, I25.799, I25.811,

	I25.812, I25.84, I25.89, I31.0, I31.1, I34.1, I34.2, I42.9 to I42.9, I43, I44.60, I45.10, I46.2, I46.8, I46.9, I48.11, I48.19, I48.20, I48.21, I51.7, I51.9, I52, I97.0, I97.110, I97.111, I9.120, I97.121, I97.130, I97.131, I97.190, I97.191, R06.03, T46.0X5A-0X5S, T46.1X5A-1X5S, I46.2X5A-2X5S; in Table 2 deleted G46.0-G46.2, I48.1, I48.2, I50.1 – I50.9, I66.01-I66.9, T82.110A-T82.191S, Z79.02, Z79.1; Added G45.0, G45.3. G45.4, I21.9, I21.A1, I21.A9, I48.11, I48.19, I48.20, I48.21, I63.413, I63.423, I63.433, I63.443, I63.89, I67.850, R06.03; updated Reference section.
10/31/2017	Initial policy developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the medical-surgical benefits of the Company’s Medicare Assured products for medically necessary electrocardiographic services.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person’s unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.
3. Place of Service
The proper place of service for electrocardiographic studies is outpatient.

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD, LCD and/or the LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Links

- [NCD: Electrocardiographic Services \(20.15\)](#)
- There are no current LCDs specifically related to this topic:
 - [Related LCD: Cardiac Event Detection Monitoring \(L34953\)](#)

Article Link:

- Transmittal: [CMS Manual System Medicare National Coverage Determinations Transmittal 26](#)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Electrocardiographic Services (20.15). Effective date August 26, 2004. Implementation date December 10, 2004. Accessed on January 13, 2023.

Centers for Medicare and Medicaid Services (CMS). Medicare National Coverage Determinations Manual - Pub. 100-03, Transmittal 26. Effective date December 10, 2004. Accessed on January 13, 2023.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Cardiac Event Detection Monitoring (L34953). Original Effective Date October 1, 2015. Revised Effective Date October 17, 2019. Accessed on January 13, 2023.

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.